

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning _____, 2015, and ending _____

| | | | | | | |
|--|--|--|--------------------------------------|------------------------------------|---|--------------------------------------|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C HOLLYWOOD MEDIA DISTRICT PROPERTY OWNERS ASSOCIATION 1040 N LAS PALMAS AVE HOLLYWOOD, CA 90038 | | | | D Employer identification number 95-4779871 | |
| | | | | | E Telephone number (323) 860-0088 | |
| | | | | | G Gross receipts \$ 1,092,289. | |
| | F Name and address of principal officer: Same As C Above | | | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions) | |
| I Tax-exempt status | <input type="checkbox"/> 501(c)(3) | <input checked="" type="checkbox"/> 501(c) (4) | (insert no.) | | <input type="checkbox"/> 4947(a)(1) or | <input type="checkbox"/> 527 |
| J Website: WWW.MEDIADISTRICT.ORG | | | | H(c) Group exemption number | | |
| K Form of organization: | <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Trust | <input type="checkbox"/> Association | <input type="checkbox"/> Other | L Year of formation: 1998 | M State of legal domicile: CA |

| | |
|---------------|----------------|
| Part I | Summary |
|---------------|----------------|

| | | | | |
|-----------------------------|--|--|---|--------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: <u>THE PROMOTION AND IMPROVEMENT OF THE HOLLYWOOD MEDIA DISTRICT IN LOS ANGELES, CALIFORNIA.</u> | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 19 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b). | 4 | 19 |
| | 5 | Total number of individuals employed in calendar year 2015 (Part V, line 2a) | 5 | 2 |
| | 6 | Total number of volunteers (estimate if necessary). | 6 | 20 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. | |
| | b Net unrelated business taxable income from Form 990-T, line 34. | 7b | 0. | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h). | Prior Year | Current Year |
| | 9 | Program service revenue (Part VIII, line 2g) | 1,027,619. | 1,091,598. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,250. | 691. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). | | |
| | 12 | Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12). | 1,028,869. | 1,092,289. |
| | Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3). | |
| 14 | | Benefits paid to or for members (Part IX, column (A), line 4) | | |
| 15 | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | |
| 16a | | Professional fundraising fees (Part IX, column (A), line 11e). | | |
| b | | Total fundraising expenses (Part IX, column (D), line 25) ▶ | | |
| 17 | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). | 1,080,957. | 1,023,308. |
| 18 | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). | 1,080,957. | 1,023,308. |
| 19 | | Revenue less expenses. Subtract line 18 from line 12. | -52,088. | 68,981. |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 | Total liabilities (Part X, line 26) | 230,244. | 256,522. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20. | 121,157. | 78,436. |
| | | | 109,087. | 178,086. |

| | |
|----------------|------------------------|
| Part II | Signature Block |
|----------------|------------------------|

Under penalties of perjury, declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | | | | |
|-------------------------------|--|----------------------|-----------|---|-----------|
| Sign Here | Signature of officer | | Date | | |
| | LAURIE GOLDMAN Type or print name and title. | | President | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | FABIO VASCO | FABIO VASCO | | | P00332485 |
| | Firm's name | Firm's EIN | | | |
| | Firm's address | Phone no. | | | |
| | GTL, LLP | 95-3521941 | | | |
| | 15315 Magnolia Blvd., Suite 110 Sherman Oaks, CA 91403-1100 | (818) 509-0066 | | | |

May the IRS discuss this return with the preparer shown above? (see instructions)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 10/12/15

Form 990 (2015)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

X

1

Briefly describe the organization's mission:

THE PROMOTION AND IMPROVEMENT OF THE HOLLYWOOD MEDIA DISTRICT IN LOS ANGELES, CALIFORNIA.

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

X

 No

If 'Yes,' describe these new services on Schedule O.

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

X

 No

If 'Yes,' describe these changes on Schedule O.

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4 a

(Code:) (Expenses \$ 562,924. including grants of \$) (Revenue \$)

SECURITY. DURING 2015, THE ORGANIZATION PROVIDED ADDITIONAL SECURITY TO POLICE AND PATROL THE DISTRICT.

4 b

(Code:) (Expenses \$ 248,077. including grants of \$) (Revenue \$)

CLEANING AND MAINTENANCE. INCLUDING THE REMOVAL OF TRASH, LITTER, GRAFFITI AND PRESSURE WASHING OF BUS STOPS AND SIDEWALKS IN THE DISTRICT.

4 c

(Code:) (Expenses \$ 203,366. including grants of \$) (Revenue \$)

COMMUNITY RELATIONS. THE ORGANIZATION SPONSORED EVENTS TO ENHANCE THE IDENTITY OF THE DISTRICT.

4 d

Other program services. (Describe in Schedule O.) See Schedule O

(Expenses \$ including grants of \$) (Revenue \$)

4 e

Total program service expenses ▶ 1,014,367.

Part IV Checklist of Required Schedules

| | Yes | No |
|--|------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A. | 1 | X |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | X |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. | 3 | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II. | 4 | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III. | 5 | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I. | 6 | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II. | 7 | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. | 8 | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. | 9 | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V. | 10 | X |
| 11 If the organization's answer to any of the following questions is 'Yes' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI. | 11 a | X |
| b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. | 11 b | X |
| c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. | 11 c | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX. | 11 d | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. | 11 e | X |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. | 11 f | X |
| 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII. | 12 a | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional. | 12 b | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. | 13 | X |
| 14 a Did the organization maintain an office, employees, or agents outside of the United States? | 14 a | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV. | 14 b | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV. | 15 | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV. | 16 | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions). | 17 | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. | 18 | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. | 19 | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H. | | X |
| b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II. | | X |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III | | X |
| 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J. | | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes' complete Schedule L, Part II. | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III. | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. | | X |
| b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1. | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2. | | |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

| | | | Yes | No |
|------|--|------|-----|----|
| 1 a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | 1 a0 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1 b0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | | |
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. | 2 a2 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2 b | X | |
| 3 a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3 a | | X |
| b | If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. | 3 b | | |
| 4 a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4 a | | X |
| b | If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR) | | | |
| 5 a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | | X |
| c | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 c | | |
| 6 a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6 a | | X |
| b | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7 a | | |
| b | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7 c | | |
| d | If 'Yes,' indicate the number of Forms 8282 filed during the year. | 7 d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7 h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9 a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9 b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12. | 10 a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | 10 b | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| a | Gross income from members or shareholders. | 11 a | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11 b | | |
| 12 a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12 a | | |
| b | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. | 12 b | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | 13 a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. | 13 b | | |
| c | Enter the amount of reserves on hand | 13 c | | |
| 14 a | Did the organization receive any payments for indoor tanning services during the tax year? | 14 a | | X |
| b | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. | 14 b | | |

Part VI Governance, Management, and Disclosure

For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI.

X

Section A. Governing Body and Management

| | | Yes | No |
|-----|--|-----|----|
| 1 a | Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | 19 | |
| 1 b | Enter the number of voting members included in line 1a, above, who are independent | 19 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | X |
| 6 | Did the organization have members or stockholders? | 6 | X |
| 7 a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7 a | X |
| 7 b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7 b | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8 a | The governing body? | 8 a | X |
| 8 b | Each committee with authority to act on behalf of the governing body? | 8 b | X |
| 9 | Is there any officer, director trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes, provide the names and addresses in Schedule O. | 9 | X |

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

| | Yes | No |
|---|-------------|----|
| 10a Did the organization have local chapters, branches, or affiliates? | 10 a | X |
| b If 'Yes, did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10 b | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11 a | X |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O | | |
| 12a Did the organization have a written conflict of interest policy? <i>If 'No, go to line 13.</i> | 12 a | X |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12 b | X |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes, describe in Schedule O how this was done .</i> | 12 c | X |
| 13 Did the organization have a written whistleblower policy? | 13 | X |
| 14 Did the organization have a written document retention and destruction policy? | 14 | X |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official. | 15 a | X |
| b Other officers or key employees of the organization. ... If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). | 15 b | X |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?. | 16 a | X |
| b If 'Yes, did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?..... | 16 b | |

Section C. Disclosure

| | | |
|----|--|--|
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ | CA |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | |
| | <input type="checkbox"/> Own website | <input type="checkbox"/> Another's website |
| | <input checked="" type="checkbox"/> Upon request | <input type="checkbox"/> Other (explain in Schedule O) |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. | See Schedule O |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ | |
| | LISA SCHECHTER 1040 N. LAS PALMAS AVE HOLLYWOOD CA 90038 (323) 860-0088 | |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) MIKE MALICK Chairman | 5 0 | | | X | | | | 0. | 0. | 0. |
| (2) RON GROEPER Vice President | 5 0 | | | X | | | | 0. | 0. | 0. |
| (3) CAROL CASSELLA Vice President | 2 0 | | | X | | | | 0. | 0. | 0. |
| (4) LAURIE GOLDMAN Treasurer | 5 0 | | | X | | | | 0. | 0. | 0. |
| (5) JL SINGER Treasurer Asst | 5 0 | | | X | | | | 0. | 0. | 0. |
| (6) WIL ANABEL Secretary | 5 0 | | | X | | | | 0. | 0. | 0. |
| (7) MICHAEL ANKNEY BOARDMEMBER | 1 0 | | | X | | | | 0. | 0. | 0. |
| (8) DAVID BASS BOARDMEMBER | 1 0 | | | X | | | | 0. | 0. | 0. |
| (9) SIMON COSTELLO BOARDMEMBER | 1 0 | | | X | | | | 0. | 0. | 0. |
| (10) JAMES HART BOARDMEMBER | 1 0 | | | X | | | | 0. | 0. | 0. |
| (11) RICK HOWARD BOARDMEMBER | 1 0 | | | X | | | | 0. | 0. | 0. |
| (12) THOR LEE BOARDMEMBER | 1 0 | | | X | | | | 0. | 0. | 0. |
| (13) STEVE LOVERRO BOARDMEMBER | 1 0 | | | X | | | | 0. | 0. | 0. |
| (14) JEFFREY LUSTER BOARDMEMBER | 1 0 | | | X | | | | 0. | 0. | 0. |

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) JACQUES MASSACHI BOARDMEMBER | 1 0 | | | X | | | | 0. | 0. | 0. |
| (16) BRIAN SCANE BOARDMEMBER | 1 0 | | | X | | | | 0. | 0. | 0. |
| (17) JOSEPH VARET BOARDMEMBER | 1 0 | | | X | | | | 0 | 0 | 0. |
| (18) MIKE PARKER BOARDMEMBER | 1 0 | | | X | | | | 0. | 0. | 0. |
| (19) JENNIFER WOLFSON BOARDMEMBER | 1 0 | | | X | | | | 0. | 0. | 0. |
| (20) | | | | | | | | | | |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| 1 b Sub-total. | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A. | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c). | | | | | | | | 0. | 0. | 0. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual . . .

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

| | Yes | No |
|---|-----|----|
| 3 | | X |
| 4 | | X |
| 5 | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| UNIVERSAL PROTECTION SERVICES 639 WILSHIRE BLVD LOS ANGELES, CA 9001 | SECURITY | 562,924. |
| HOLLYWOOD BEAUTIFICATION TEAM 1741 N CHEROKEE AVE HOLLYWOOD, CA 9002 | STREET MAINTENACE | 248,077. |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 2

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|--|------------|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1 a | | | | |
| | b Membership dues. | 1 b | 1,071,535. | | | |
| | c Fundraising events. | 1 c | | | | |
| | d Related organizations | 1 d | | | | |
| | e Government grants (contributions) | 1 e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1 f | 20,063. | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | |
| | h Total. Add lines 1a-1f | | 1,091,598. | | | |
| Program Service Revenue | Business Code | | | | | |
| | 2 a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue. | | | | | |
| g Total. Add lines 2a-2f | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest and other similar amounts) | | 691. | | | 691. |
| | 4 Income from investment of tax-exempt bond proceeds.. | | | | | |
| | 5 Royalties. | | | | | |
| | (i) Real (ii) Personal | | | | | |
| | 6 a Gross rents. | | | | | |
| | b Less: rental expenses | | | | | |
| | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) | | | | | |
| | (i) Securities (ii) Other | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | | | | | |
| | b Less: cost or other basis and sales expenses | | | | | |
| | c Gain or (loss). | | | | | |
| | d Net gain or (loss) | | | | | |
| | 8 a Gross income from fundraising events (not including.. \$ of contributions reported on line 1c). See Part IV, line 18. | a | | | | |
| | b Less: direct expenses. | b | | | | |
| | c Net income or (loss) from fundraising events | | | | | |
| | 9 a Gross income from gaming activities. See Part IV, line 19. | a | | | | |
| | b Less: direct expenses. | b | | | | |
| | c Net income or (loss) from gaming activities. | | | | | |
| | 10 a Gross sales of inventory, less returns and allowances. | a | | | | |
| b Less: cost of goods sold. | b | | | | | |
| c Net income or (loss) from sales of inventory. | | | | | | |
| Miscellaneous Revenue Business Code | | | | | | |
| 11 a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d All other revenue. | | | | | | |
| e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See instructions. | | 1,092,289. | 0. | 0. | 691. | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX.

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 0. | 0. | 0. | 0. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 7 Other salaries and wages | | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 189,528. | 180,587. | 8,941. | |
| b Legal | | | | |
| c Accounting. | | | | |
| d Lobbying. | | | | |
| e Professional fundraising services. See Part IV, line 17. | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 Advertising and promotion. | | | | |
| 13 Office expenses | | | | |
| 14 Information technology. | | | | |
| 15 Royalties. | | | | |
| 16 Occupancy | | | | |
| 17 Travel. | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 Conferences, conventions, and meetings. | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates. | | | | |
| 22 Depreciation, depletion, and amortization. | | | | |
| 23 Insurance | | | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a SECURITY | 562,924. | 562,924. | | |
| b CLEANING AND MAINTENANCE | 248,077. | 248,077. | | |
| c IN-KIND DONATION | 20,062. | 20,062. | | |
| d IMPROVEMENTS AND MARKETING | 2,717. | 2,717. | | |
| e All other expenses. | | | | |
| 25 Total functional expenses. Add lines 1 through 24e. | 1,023,308. | 1,014,367. | 8,941. | 0. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|------|--------------------|
| Assets | 1 Cash — non-interest-bearing. | 230,244. | 1 | 223,855. |
| | 2 Savings and temporary cash investments. | | 2 | |
| | 3 Pledges and grants receivable, net. | | 3 | |
| | 4 Accounts receivable, net. | | 4 | 32,667. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. | | 6 | |
| | 7 Notes and loans receivable, net. | | 7 | |
| | 8 Inventories for sale or use. | | 8 | |
| | 9 Prepaid expenses and deferred charges. | | 9 | |
| | 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. | 10 a | | |
| | b Less: accumulated depreciation. | 10 b | 10 c | |
| | 11 Investments — publicly traded securities. | | 11 | |
| | 12 Investments — other securities. See Part IV, line 11. | | 12 | |
| | 13 Investments — program-related. See Part IV, line 11. | | 13 | |
| | 14 Intangible assets. | | 14 | |
| | 15 Other assets. See Part IV, line 11. | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34). | | 230,244. | 16 | 256,522. |
| Liabilities | 17 Accounts payable and accrued expenses. | 121,157. | 17 | 78,436. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D. | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties. | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties. | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25. | 121,157. | 26 | 78,436. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets. | 109,087. | 27 | 178,086. |
| | 28 Temporarily restricted net assets. | | 28 | |
| | 29 Permanently restricted net assets. | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds. | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund. | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds. | | 32 | |
| | 33 Total net assets or fund balances. | 109,087. | 33 | 178,086. |
| | 34 Total liabilities and net assets/fund balances. | 230,244. | 34 | 256,522. |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

| | | | |
|----|---|----|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12). | 1 | 1,092,289. |
| 2 | Total expenses (must equal Part IX, column (A), line 25). | 2 | 1,023,308. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 68,981. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). | 4 | 109,087. |
| 5 | Net unrealized gains (losses) on investments. | 5 | |
| 6 | Donated services and use of facilities. | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | 18. |
| 9 | Other changes in net assets or fund balances (explain in Schedule O). | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). | 10 | 178,086. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | |
| 2 a Were the organization's financial statements compiled or reviewed by an independent accountant? | X | |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| b Were the organization's financial statements audited by an independent accountant? | | X |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | X |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | |
| 3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | |

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

2015

Open to Public
Inspection

HOLLYWOOD MEDIA DISTRICT PROPERTY
OWNERS' ASSOCIATION

Employer identification number

95-4779871

Form 990, Part III, Line 4d Other Program Services Description

COMMUNITY IMPROVEMENTS THE ORGANIZATION CONDUCTED THE PLANNING AND INPLEMENTATION
OF IMPROVEMENTS TO THE DISTRICT INCLUDING THE PLANTING OF TREES AND OTHER
IMPROVEMENTS TO BEAUTIFY THE DISTRICT

Form 990, Part VI, Line 11b Form 990 Review Process

THE OFFICERS REVIEW THE TAX RETURN WITH JIM OMAHEN, THE OPERATIONS MANAGER.

Form 990, Part VI, Line 19 Other Organization Documents Publicly Available

ALL DOCUMENTS AVAILABLE TO THE PUBLIC

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION
TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the
'Franchise Tax Board.' Write the corporation number or FEIN and
'2015 FTB 3586' on the check or money order. Detach voucher below.
Enclose, but **do not** staple, payment with voucher and mail to:

FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE:

Fiscal year — See instructions.
Calendar year corporations — File and Pay by March 15, 2016.
Calendar year exempt organizations File and Pay by May 16, 2016.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the
next business day.

Due to the Emancipation Day holiday on April 16, 2016, tax returns filed and payments mailed or submitted on
April 18, 2016, will be considered timely.

ONLINE SERVICES:

Corporations can make payments online with Web Pay for Businesses. After a one-time
online registration, corporations can make an immediate payment or schedule payments
up to a year in advance. Go to ftb.ca.gov for more information.

DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR

2015

Payment Voucher for Corporations and
Exempt Organizations e-filed Returns

CALIFORNIA FORM

3586 (e-file)

2220055 HOLL 95-4779871 000000000000 15 FORM 3
TYB 01-01-15 TYE 12-31-15
HOLLYWOOD MEDIA DISTRICT PROPERTY OWNERS ASSOCIATION
LISA SCHECHTER
1040 N LAS PALMAS AVE
HOLLYWOOD CA 90038

(323) 860-0088

AMOUNT OF PAYMENT 10

059

6181156

CACA1201L 12/18/15 FTB 3586 2015

| | | | |
|---|--|--|---------------------|
| Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) | | and ending (mm/dd/yyyy) | |
| Corporation/Organization name HOLLYWOOD MEDIA DISTRICT PROPERTY OWNERS ASSOCIATION | | California corporation number 2220055 | |
| Additional information. See instructions. | | FEIN 95-4779871 | |
| Street address (suite or room) 1040 N. LAS PALMAS AVE | | PMB no. | |
| City HOLLYWOOD | | State CA | ZIP code 90038 |
| Foreign country name | | Foreign province/state/county | Foreign postal code |

| | | | |
|---|---|--|--|
| A First Return | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B Amended Return | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C IRC Section 4947(a)(1) trust | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D Final Information Return? | | N/A | |
| • <input type="checkbox"/> Dissolved • <input type="checkbox"/> Surrendered (Withdrawn) • <input type="checkbox"/> Merged/Reorganized | | K Is the organization exempt under R&TC Section 23701g? If 'Yes, enter the gross receipts from nonmember sources \$ | |
| Enter date (mm/dd/yyyy) • | | L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. | |
| E Check accounting method: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 1 <input type="checkbox"/> Cash 2 <input checked="" type="checkbox"/> Accrual 3 <input type="checkbox"/> Other | | M Is the organization a Limited Liability Company? | |
| F Federal return filed? 1 <input type="checkbox"/> 990T 2 <input type="checkbox"/> 990-PF 3 <input type="checkbox"/> Sch H (990) | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 4 <input type="checkbox"/> Other 990 series | | N Did the organization file Form 100 or Form 109 to report taxable income? | |
| G Is this a group filing? See instructions. | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| H Is this organization in a group exemption? If 'Yes, what is the parent's name? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | | O Is the organization under audit by the IRS or has the IRS audited in a prior year? | |
| | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | | P Is federal Form 1023/1024 pending? Date filed with IRS | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

CACA1112L 12/31/15

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

| | | | | |
|--|--|---|------|---|
| Receipts and Revenues | 1 | Gross sales or receipts from other sources. From Side 2, Part II, line 8. | 1 | 691. |
| | 2 | Gross dues and assessments from members and affiliates. | 2 | |
| | 3 | Gross contributions, gifts, grants, and similar amounts received. | 3 | 1,091,598. |
| | 4 | Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B. | 4 | 1,092,289. |
| | 5 | Cost of goods sold. | 5 | |
| | 6 | Cost or other basis, and sales expenses of assets sold. | 6 | |
| | 7 | Total costs. Add line 5 and line 6 | 7 | |
| | 8 | Total gross income. Subtract line 7 from line 4. | 8 | 1,092,289. |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18. | 9 | 1,023,308. |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. | 10 | 68,981. |
| Filing Fee | 11 | Total payments. | 11 | |
| | 12 | Use tax. See General Instruction K. | 12 | |
| | 13 | Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 | 13 | |
| | 14 | Use tax balance. If line 12 is more than line 11 subtract line 11 from line 12 | 14 | |
| | 15 | Filing fee \$10 or \$25. See General Instruction F. | 15 | 10. |
| | 16 | Penalties and Interest. See General Instruction J. | 16 | |
| | 17 | Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result. | 17 | 10. |
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | |
| | Signature of officer | Title PRESIDENT | Date | Telephone (323) 860-0088 |
| Paid Preparer's Use Only | Preparer's signature | FABIO VASCO | Date | Check if self-employed <input type="checkbox"/> |
| | Firm's name (or yours, if self-employed) and address | GTL, LLP | | |
| | 15315 MAGNOLIA BLVD., SUITE 110 | | | PTIN P00332485 |
| | SHERMAN OAKS, CA 91403-1100 | | | FEIN 95-3521941 |
| | | | | Telephone (818) 509-0066 |
| May the FTB discuss this return with the preparer shown above? See instructions. | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.

| | | | | | |
|-----------------------------|----|---|---|----|------------|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions. | ● | 1 | |
| | 2 | Interest | ● | 2 | |
| | 3 | Dividends | ● | 3 | |
| | 4 | Gross rents. | ● | 4 | |
| | 5 | Gross royalties. | ● | 5 | |
| | 6 | Gross amount received from sale of assets (See instructions). | ● | 6 | |
| | 7 | Other income. Attach schedule. SEE STATEMENT 1 | ● | 7 | 691. |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | ● | 8 | 691. |
| | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule. | ● | 9 | |
| | 10 | Disbursements to or for members. | ● | 10 | |
| Expenses and Disbursements | 11 | Compensation of officers, directors, and trustees. Attach schedule SEE STMT 2 | ● | 11 | 0. |
| | 12 | Other salaries and wages. | ● | 12 | |
| | 13 | Interest | ● | 13 | |
| | 14 | Taxes. | ● | 14 | |
| | 15 | Rents | ● | 15 | |
| | 16 | Depreciation and depletion (See instructions). | ● | 16 | |
| | 17 | Other Expenses and Disbursements. Attach schedule SEE STATEMENT 3 | ● | 17 | 1,023,308. |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | ● | 18 | 1,023,308. |

| Schedule L Balance Sheet | | Beginning of taxable year | | End of taxable year | |
|---------------------------|--|---------------------------|----------|---------------------|----------|
| Assets | | (a) | (b) | (c) | (d) |
| 1 | Cash. | | 230,244. | ● | 223,855. |
| 2 | Net accounts receivable. | | | ● | 32,667. |
| 3 | Net notes receivable | | | ● | |
| 4 | Inventories | | | ● | |
| 5 | Federal and state government obligations. | | | ● | |
| 6 | Investments in other bonds | | | ● | |
| 7 | Investments in stock | | | ● | |
| 8 | Mortgage loans | | | ● | |
| 9 | Other investments. Attach schedule. | | | ● | |
| 10 a | Depreciable assets. | | | | |
| b | Less accumulated depreciation. | | | | |
| 11 | Land. | | | ● | |
| 12 | Other assets. Attach schedule. | | | ● | |
| 13 | Total assets. | | 230,244. | | 256,522. |
| Liabilities and net worth | | | | | |
| 14 | Accounts payable. | | 121,157. | ● | 78,436. |
| 15 | Contributions, gifts, or grants payable. | | | ● | |
| 16 | Bonds and notes payable. | | | ● | |
| 17 | Mortgages payable. | | | ● | |
| 18 | Other liabilities. Attach schedule. | | | | |
| 19 | Capital stock or principal fund | | 109,087. | ● | 178,086. |
| 20 | Paid-in or capital surplus. Attach reconciliation. | | | ● | |
| 21 | Retained earnings or income fund. | | | ● | |
| 22 | Total liabilities and net worth | | 230,244. | | 256,522. |

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

| | | | | | | | |
|---|--|---|---------|----|---|---|---------|
| 1 | Net income per books | ● | 68,981. | 7 | Income recorded on books this year not included in this return. Attach schedule | ● | |
| 2 | Federal income tax. | ● | | 8 | Deductions in this return not charged against book income this year. | | |
| 3 | Excess of capital losses over capital gains. | ● | | | Attach schedule. | ● | |
| 4 | Income not recorded on books this year. Attach schedule. | ● | | 9 | Total. Add line 7 and line 8 | | |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule. | ● | | 10 | Net income per return. | | |
| 6 | Total. Add line 1 through line 5. | | 68,981. | | Subtract line 9 from line 6. | | 68,981. |

Statement 1
Form 199, Part II, Line 7
Other Income

| | | |
|-------------------------|-------|----------------|
| Other Investment Income | Total | \$ 691. |
| | | <u>\$ 691.</u> |

Statement 2
Form 199, Part II, Line 11
Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

| Name and Address | Title and Average Hours Per Week Devoted | Compen- sation | Contri- bution to EBP & DC | Expense Account/ Other |
|--|--|-------------------|----------------------------------|------------------------------|
| MIKE MALICK 1040 N LAS PALMAS AVE HOLLYWOOD, CA 90038 | Chairman 5 00 | \$ 0 | \$ 0 | \$ 0 |
| RON GROEPER 1040 N LAS PALMAS AVE HOLLYWOOD, CA 90038 | Vice President 5 00 | 0 | 0 | 0 |
| CAROL CASSELLA 1040 N LAS PALMAS AVE HOLLYWOOD, CA 90038 | Vice President 2 00 | 0 | 0 | 0 |
| LAURIE GOLDMAN 1040 N LAS PALMAS AVE HOLLYWOOD, CA 90038 | Treasurer 5 00 | 0 | 0 | 0 |
| JL SINGER 1040 N LAS PALMAS AVE HOLLYWOOD, CA 90038 | Treasurer Asst 5 00 | 0 | 0 | 0 |
| WIL ANABEL 1040 N LAS PALMAS AVE HOLLYWOOD, CA 90038 | Secretary 5 00 | 0 | 0 | 0 |
| MICHAEL ANKNEY 1040 N LAS PALMAS AVE HOLLYWOOD, CA 90038 | BOARDMEMBER 1 00 | 0 | 0 | 0 |
| DAVID BASS 1040 N LAS PALMAS AVE HOLLYWOOD, CA 90038 | BOARDMEMBER 1 00 | 0 | 0 | 0 |
| SIMON COSTELLO 1040 N LAS PALMAS AVE HOLLYWOOD, CA 90038 | BOARDMEMBER 1 00 | 0 | 0 | 0 |
| JAMES HART 1040 N LAS PALMAS AVE HOLLYWOOD, CA 90038 | BOARDMEMBER 1 00 | 0 | 0 | 0 |

Statement 2 (continued)
Form 199, Part II, Line 11
Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

| Name and Address | Title and Average Hours Per Week Devoted | Compen- sation | Contri- bution to EBP & DC | Expense Account/ Other |
|---|--|-------------------|----------------------------------|------------------------------|
| RICK HOWARD 1040 N LAS PALMAS AVE HOLLYWOOD, CA 90038 | BOARDMEMBER 1 00 | \$ 0 | \$ 0 | \$ 0 |
| THOR LEE 1040 N LAS PALMAS AVE HOLLYWOOD, CA 90038 | BOARDMEMBER 1 00 | 0 | 0 | 0 |
| STEVE LOVERRO 1040 N LAS PALMAS AVE HOLLYWOOD, CA 90038 | BOARDMEMBER 1 00 | 0 | 0 | 0 |
| JEFFREY LUSTER 1040 N LAS PALMAS AVE HOLLYWOOD, CA 90038 | BOARDMEMBER 1 00 | 0 | 0 | 0 |
| JACQUES MASSACHI 1040 N LAS PALMAS AVE HOLLYWOOD, CA 90038 | BOARDMEMBER 1 00 | 0 | 0 | 0 |
| BRIAN SCANE 1040 N LAS PALMAS AVE HOLLYWOOD, CA 90038 | BOARDMEMBER 1 00 | 0 | 0 | 0 |
| JOSEPH VARET 1040 N LAS PALMAS AVE HOLLYWOOD, CA 90038 | BOARDMEMBER 1 00 | 0 | 0 | 0 |
| MIKE PARKER 1040 N LAS PALMAS AVE HOLLYWOOD, CA 90038 | BOARDMEMBER 1 00 | 0 | 0 | 0 |
| JENNIFER WOLFSON 1040 N. LAS PALMAS AVE HOLLYWOOD, CA 90038 | BOARDMEMBER 1 00 | 0 | 0 | 0 |
| Total | | \$ 0. | \$ 0. | \$ 0. |

Statement 3
Form 199, Part II, Line 17
Other Expenses

| | |
|----------------------------|---------------|
| CLEANING AND MAINTENANCE | \$ 248,077 |
| IMPROVEMENTS AND MARKETING | 2,717 |
| IN-KIND DONATION | 20,062 |
| Management fees | 189,528 |
| SECURITY | 562,924. |
| Total | \$ 1,023,308. |

TAXABLE YEAR

California e-file Return Authorization for Exempt Organizations

FORM

2015

8453-EO

Exempt Organization name

HOLLYWOOD MEDIA DISTRICT PROPERTY

Identifying number

95-4779871

Part I Electronic Return Information (whole dollars only)

| | | | |
|---|---|---|------------|
| 1 | Total gross receipts (Form 199, line 4) | 1 | 1,092,289. |
| 2 | Total gross income (Form 199, line 8). | 2 | 1,092,289. |
| 3 | Total expenses and disbursements (Form 199, Line 9) | 3 | 1,023,308. |

Part II Settle Your Account Electronically for Taxable Year 2015

4

☐ Electronic funds withdrawal

4a Amount

4b Withdrawal date (mm/dd/yyyy)

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number

6 Account number

7 Type of account:

☐ Checking

☐ Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2015 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider, the reason(s) for the delay.**

Sign Here

President

Signature of officer

Date

Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2015 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature

FABIO VASCO

Date

Check if also paid preparer

☒

Check if self-employed

☐

ERO's PTIN

P00332485

Firm's name (or yours if self-employed) and address

GTL, LLP

15315 Magnolia Blvd., Suite 110

Sherman Oaks

CA

FEIN

95-3521941

ZIP Code

91403-1100

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature

Date

Check if self-employed

☐

Paid preparer's PTIN

Firm's name (or yours if self-employed) and address

FEIN

ZIP code